

*Long Term Acute Care Hospital Supplemental
Per Diem Rate Calculation Sheet
Oct 1, 2010 – Sept 30, 2011*

**Kindred Hospital Sycamore
225 Edward Street
Chicago, IL 60178**

· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid cost (A)	\$ 3,776,403.00
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid days (B)	3,196.00
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid discharges (C)	101.00
· Hospital fiscal year 2008 Medicaid cost report based average length of stay	31.64
· Calculated hospital fiscal year 2008 Medicaid cost per diem (A / B)	\$ 1,181.60
· Applicable DRI inflation factor <i>(Inflated from the midpoint of the hospitals FY to April 2011, rounded to 5 digits)</i>	1.09644
· Rate year 2011 inflated per diem rate	\$ 1,295.56
- LESS -	
· Current Hospital Per Diem base rate	\$ 604.01
o 89 IL Admin Code 148.270(c)(4)	
· Rate Year 2011 Disproportionate Share per diem rate (10/1/2010 - 09/30/2011)	\$ 5.00
o 89 IL Admin Code 148.120	
· Rate Year 2011 Medicaid Percentage Adjustment per diem rate (10/1/2010 - 09/30/2011)	\$ 108.72
o 89 IL Admin Code 148.122	
· Rate Year 2011 Medicaid High Volume Adjustment per diem rate (10/1/2010 - 09/30/2011)	\$ 49.78
o 89 IL Admin Code 148.290(d)	

<i>Long Term Acute Care Supplemental per diem rate</i>	\$ 528.05
<i>Rate to be paid for admissions on or after Oct. 1, 2011, subject to provider readiness review.</i>	